Best Available Copy

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED			NUMBER EXTRA					1 1		
פאפוס דדד						<u> </u>			RATE	FEE		RATE	FEE
BASIC FEE			e e						·	345.00	OR	14 24 Page 18	690.00
TC:	TAL CLAIMS			0 minus	20=	*			X\$ 9=	<u></u>	OR	X\$18=	
	EPENDENT CL			minus	3 =	. 2			X39=	18	OR	X78=	
MU	MULTIPLE DEPENDENT CLAIM PRESENT							+130=		OR	+260=		
* If	* If the difference in column 1 is less than zero, enter "0" in column 2							_	TOTAL	423	OR	TOTAL	
	CLAIMS AS AMENDED - PART II							OTHER THAN					THAN
	N 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		umn 1)	- (** *** *** *** ***		Column 2)	(Column 3)	_	SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT			PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Totai	*		Minus	**		= .	ı	X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	*	N OF M	Minus	***		= .		X39=		OR	X78=	,
	FIRST PRESE	INTATIC	IN OF IVI	ULTIPLE DEI	ZEINL	JENT CLAIM			+130=		OR	+260=	·
									TOTAL	·	OR	TOTAL ADDIT. FEE	
		(Coli	umn 1)		(C	Column 2)	(Column 3)	AL	DDIT. FEE	<u> </u>		ADDII. PECI	
AMENDMENT B	4/9/03	CL REM AF	AIMS AINING · TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	. 9		Minus	**	20	=		X\$ 9=		OR	X\$18=	18.
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	FIRST PRESE	NIAIIC	N OF MU	JUTIPLE DEF	'END	DENT CLAIM			+130=		OR	+260=/	
				•				_	TOTAL DIT. FEE		OR	TOP	ma
			umn 1)		(C	olumn 2)	(Column 3)	AL			1		
AMENDMENT C		REM.	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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	Independent	*		Minus	***		=		X39=		OR	X78=	
	FIRST PRESE	NTATIO	N OF MU	JLTIPLE DEF	END	ENT CLAIM		\vdash					
• 19	the entry in colur	nn 1 ie le	ace than th	ne entry in colu	mn 2	write "O" in col	umn 3	Ŀ	+130≃		OR	+260=	
••••	f the "Highest Nur f the "Highest Nur	nber Pre mber Pre	eviously Pa eviously Pa	aid For" IN THIS aid For" IN THIS	S SPA S SPA	ACE is less that ACE is less tha	n 20, enter "20." n 3, enter "3."		TOTAL DIT. FEE]		TOTAL ADDIT. FEE	
1	The "Highest Num	ber Prev	iously Pai	d For" (Total or	Indep	pendent) is the	highest number	found	in the app	ropriate box	in colu	umn 1.	

PATENT APPL TION FEE DETERMINATION RECODE Enective November 10, 1998
Exective inovember 10, 1990

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		(Column 1)	(Colum		TYPE		OR 1	SMALL	
FC	DR	NUMBER FILED	NUMBER 8	EXTEN ministrasiumsius	RATE	FEE		RATE	FEE
ВА	SIC FEE					380.00	OR		760.00
ТО	TAL CLAIMS	minus 20)= *	<u></u>	X\$ 9=		OR	X\$18=	
INC	EPENDENT CLAIMS	minus 3	= *		X 39=		OR	X78=	,
MU	ILTIPLE DEPENDENT	CLAIM PRESENT			+130=	*****	OR	+260=	
# If	the difference in colu	umn 1 is less than zero	o, enter "0" in c	olumn 2	TOTAL		OR	TOTAL	-
	CLAIM (Col	SMALL	ENTITY	OTHER THAN OR SMALL ENTITY					
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DME	Total	Wints	44	į.	X\$ 59=		ÓВ	X\$18=	
MENDM	Independent,	Minos	***	Ė	X39 <u></u> =		OH	X78 =	
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o L	REA A	AIMS MAINING FTER	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE
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		an indiana and disease and the second	and in the safe in the	lumo 9	+130=	200	OR.	Salar Wightings St	-
- 44	H the "Highest Number Pr	less than the entry in column reviously Paid For IN THIS reviously Paid For IN THIS	SPACE is less that	ın 20, enter "20."	ADDIT. FEE		OR	ADOIT: FEE	
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